

Travel Itinerary Form

Date Submitted: _____

Student Organization:

Purpose of Travel:

Destination(s):

Travel Dates: Departing: _____ Returning _____

Number of Students Traveling: _____

Advisor Traveling with Group:

Name: _____

Campus Address: _____

Office/Local Phone: _____

Cell Phone: _____

Email: _____

Chair or Department Head

Detailed Itinerary

Arrival Date

Location

Lodging Information (Name, Phone number)